

For Hoosier Healthwise and *Medicaid Select* Providers
MEMBER GRIEVANCE and APPEAL PROCESS

| Level | Filing Timeframe | Resolution Timeframe | Procedure and Contact Information | |
|--|------------------------------------|-------------------------------|---|--|
| | | | <i>Medicaid Select</i> | HMO Health Plans (RBMC) |
| Inquiry - verbal questions or concerns | N/A | by end of next business day | <i>Medicaid Select</i> Helpline 1-877-633-7353 | Member Services # ³ |
| Grievance - verbal or written expression of dissatisfaction for which the member has a reasonable expectation that action will be taken to resolve or reconsider the matter expressed. | 60 days from decision or event | 20 business days ¹ | May be written or verbal; call Helpline, or write to <i>Medicaid Select</i> | May be written or verbal; call Member Services # or write to HMO |
| Administrative Review of Prior Authorization determinations - written request for review submitted by provider who submitted initial PA request (405 IAC 5-7-2) | 7 business days | 7 business days | write to Health Care Excel | not available |
| Appeal - written request to change a previous decision | 30 days from decision | 30 business days ¹ | write to <i>Medicaid Select</i> | write to HMO |
| | | | | |
| Optional: External Review for adverse utilization determination, adverse determination of medical necessity, or determination that a proposed service is experimental (IC 27-13-10.1) | 45 days from decision | 15 business days ¹ | not available | write to HMO |
| | | | | |
| Request for FSSA Hearing ² (405 IAC 1.1) | 30 days from action being appealed | 90 days of request | write to FSSA Hearings and Appeals | write to FSSA Hearings and Appeals |

¹ If an issue would seriously jeopardize the life or health of a member, or the member's ability to reach and maintain maximum function, an expedited process may be requested. Expedited reviews must be completed within 72 hours.

² All interim procedures should be exhausted prior to filing a request for FSSA hearing.

³ If, at any time, a member, or the member's representative, has a question or problem, call the Helpline or the MCO's Member Services.

Member Services Telephone Numbers:

| | | | | |
|--|--------------------------|------------------------------|----------------------------------|-------------------------------|
| <i>Medicaid Select</i> 1-877-633-7653 | HMO Health Plans: | Anthem 1-866-408-6131 | CareSource 1-800-448-0134 | Harmony 1-800-608-8158 |
| | | MDwise 1-800-356-1204 | MHS 1-800-414-9475 | Molina 1-800-642-4509 |

**For Hoosier Healthwise and *Medicaid Select* Providers
MEMBER GRIEVANCE and APPEAL ADDRESSES**

Medicaid Select

Medicaid Select

333 N. Alabama St., #350
Indianapolis, IN 46204-2275

For Administrative Review of Prior Authorization Request:

Appeals
Health Care Excel, PA Dept
PO Box 531520
Indianapolis, IN 46253-1520

Hoosier Healthwise HMO Health Plans:

Anthem

4308 Guion Rd.,
Suite D
Indianapolis, IN 46254
ATTN: Appeals Department

CareSource

151 N. Delaware St.,
Suite 1840
Indianapolis, IN 46240

Harmony Health Management, Inc.

P. O. Box 31376
Tampa FL 33631-3376

MDwise

1099 N. Meridian St.,
Suite 320
Indianapolis, IN 46204-1038

Managed Health Services (MHS)

1099 N. Meridian St.,
Suite 400
Indianapolis, IN 46204-1041

Molina Healthcare of Indiana

8001 Broadway,
Suite 400
Merrillville, IN 46410

FSSA Hearings:

Hearings and Appeals Section, MS-04
Indiana Family and Social Services Administration
402 W. Washington St., Rm. W392
Indianapolis, IN 46204-2773